

UnitedHealthcare Military & Veterans  
TRICARE West Region Enrollment Department  
P.O. Box 105492  
Atlanta, GA 30348-5492



## We Must Receive Your Response by March 10<sup>th</sup>

UnitedHealthcare Military & Veterans is honored to be the managed care contractor responsible for administering benefits for the TRICARE West Region beginning April 1, 2013.

Our records indicate that you currently submit your monthly TRICARE payments to TriWest Healthcare Alliance by means of a recurring automatic payments through an electronic funds transfer (EFT) from your bank account or through a recurring debit/credit card (RCC) payment. The payment authorization you granted to TriWest Healthcare Alliance to make these monthly withdrawals will not transfer to UnitedHealthcare when we assume responsibility for administering your benefits beginning April 1<sup>st</sup>.

Please complete and sign the enclosed Electronic Payment Authorization Form and immediately return it in the postage paid return envelope provided. Sending us your payment authorization form early will ensure your recurring automatic payment method is established in time for your April 1<sup>st</sup> payment.

**We must receive your response by March 10, 2013 to ensure your enrollment in the TRICARE benefit program continues uninterrupted. Please act now and mail before March 7th to ensure timely delivery.**

**Please take the following actions to establish your recurring payment method with UnitedHealthcare:**

1. Complete the attached Electronic Payment Authorization Form and choose the convenience of either electronic funds transfer (EFT) or recurring debit/credit card (RCC).
2. Please ensure the form is signed. We cannot process the request without your signature.
3. Return to UnitedHealthcare in the postage paid business reply envelope by **March 10, 2013**.

**Your first deduction with UnitedHealthcare will be April 1, 2013 for April payment due.**

Submission of this authorization form to UnitedHealthcare will not change your existing payment method with TriWest Healthcare Alliance. Your existing recurring payment method established with TriWest will continue uninterrupted through March 31, 2013 and will end at that time.

## **Frequently Asked Questions:**

### **Q: Why do I need to send in this form?**

A: Our records indicate that you currently submit your monthly TRICARE payments to TriWest Healthcare Alliance by means of a recurring automatic payment method through an electronic funds transfer (EFT) from your bank account or through a recurring debit/credit card (RCC) payment. The payment authorization you granted to TriWest Healthcare Alliance to make these withdrawals will not transfer to UnitedHealthcare when we assume responsibility for administering your benefits beginning April 1st. Your payment authorization is necessary in order for UnitedHealthcare to continue your monthly EFT or RCC payments.

### **Q: When will this change be effective?**

A: April 1, 2013. If the authorization form is received by **March 10<sup>th</sup>**, your first deduction with UnitedHealthcare will be for the monthly payment due April 1, 2013. If the authorization form is return after this date, there may not be enough time to establish the payment method with your financial institution which could delay your payment.

### **Q: Will this authorization form change or impact my existing payment method with TriWest?**

A: No. Submission of this authorization form to UnitedHealthcare will not change your payment method with TriWest Healthcare Alliance. If you have an existing recurring payment method established with TriWest, these will continue uninterrupted through March 31, 2013 and will end at that time.

### **Q: Is there a benefit to me of choosing one payment method over the other?**

A: It is a matter of personal choice and how you prefer to manage your finances. Things to consider might include fees or interest charges that might be applicable on your account; the frequency that your bank or debit/credit card accounts are changed; and debit/credit cards require routine updates when they expire.

### **Q: I use internet banking and have my monthly payment to TRICARE set up as an scheduled payment from my bank account. Does this meet the requirement for a recurring payment method?**

A: No. Scheduled internet banking payments do not meet the requirement of recurring payment method established by TRICARE. The only accepted methods of payment drawing from your bank account are EFT or RCC.

### **Q: I'm a retired service member enrolled in TRICARE Prime and interested in signing up for allotment deduction from my retirement pay. Can I sign up for allotment deduction now?**

A: Yes. Retired service members and their families have an option to pay TRICARE Prime enrollment fees by allotment from their retirement pay. It's easy to sign up by going to [www.tricare.mil/forms](http://www.tricare.mil/forms) and downloading the West Region Allotment Authorization Form. Fill in the information requested and return the form in the same postage paid business reply envelope included with this letter. TRS, TRR and TYA are not eligible for this payment method.

### **Q: Do I have the option of paying quarterly or annually?**

A: Only retired service members enrolled in TRICARE Prime have the option of paying their enrollment fees quarterly or annually using a debit/credit card payment method. TRS, TRR and TYA are not eligible for this payment method.

### **Q: What will happen if I chose not to return this payment authorization form?**

A: The TRICARE program requires beneficiaries to establish a recurring automatic payment method when paying under the monthly payment option. Electronic payments make it easy for members to pay their premiums on time, ensuring continuous coverage for beneficiaries. When beneficiaries don't pay their premiums, it results in disenrollment or the suspension of coverage for up to one year which may leave you with higher out of pocket costs.



## Electronic Payment Authorization Form

**PLEASE RETURN BY MARCH 10<sup>th</sup>**

Please type or print all entries.

Coverage: ☐ **Prime** ☐ **TRS** (TRICARE Reserve Select) ☐ **TRR** (TRICARE Retired Reserve) ☐ **TYA** (TRICARE Young Adult)

**APPLICANT** Name: Last First M.I. **SPONSOR** SSN or DBN

Home Address: Street Apt. No. City State ZIP Code

### Step 1: Please select the method of payment option you wish to start below.

- ☐ **Electronic Funds Transfer (EFT):** Please begin automatic withdrawal of my monthly premiums/enrollment fees payable to UnitedHealthcare Military & Veterans by means of EFT from my financial institution.

Please check one: ☐ Checking ☐ Savings

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
9 Digit Bank or ABA Routing Number

\_\_\_\_\_  
Account Number

- ☐ **Recurring Credit Card (RCC):** Please begin automatic withdrawal of my monthly premiums/enrollment fees payable to UnitedHealthcare Military & Veterans by means of RCC from my financial institution.

Please check one: ☐ Visa ☐ MasterCard ☐ Discover charges will appear as "UnitedHealthcare" on your credit card statement

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
16 Digit Credit Card Number

\_\_\_\_\_  
Expiration Date (MM/YYYY)

### Step 2: Prepayment of 2 months premiums/enrollment fees due with the submission of your request.

*Note: If effective date of the enrollment was not the first of the month, prorated premiums may also apply.*

- ☐ **Pay by Check:** I wish to pay the prepayment of two-month's premiums/enrollment fees by enclosed check payable to UnitedHealthcare.

- ☐ **Pay by Credit Card:** I wish to pay the prepayment of two-month's premiums/enrollment fees by credit card indicated below.

Check box: ☐ Visa ☐ MasterCard ☐ Discover ☐ If credit card is the same as RCC, check this box and skip to Step 3

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
16 Digit Credit Card Number

\_\_\_\_\_  
Expiration Date (MM/YYYY)

### Step 3: Authorize this request with your signature and return by mail or fax.

My signature authorizes UnitedHealthcare Military & Veterans to begin withdrawal of my premium/enrollment fee payments as determined by TRICARE (rates subject to change with 30-day notice – see [www.tricare.mil/costs](http://www.tricare.mil/costs)) on the first business day of each month using the payment option selected in Step 1 and the one-time prepayment of two-month's premium/enrollment fee payments<sup>(1)</sup> if selected in Step 2. This authorization will remain in full force unless cancelled by me in writing, UnitedHealthcare or my financial institution. I understand a \$20 administrative fee will be assessed for any payments returned due to insufficient or unavailable funds.

**Authorized Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail this form to:** UnitedHealthcare Military & Veterans  
TRICARE West Region Enrollment Department  
P.O. Box 105492  
Atlanta, GA 30348-5492

**or Fax this form to:** 1-877-890-7297

**THANK YOU FOR YOUR SERVICE!**

Privacy Act Statement: This information is protected under the Privacy Act of 1974 and shall be handled as "official use only."

**TRICARE West Region Customer Service: 1-877-988-9378(WEST) - [www.uhcmilitarywest.com](http://www.uhcmilitarywest.com)**

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